

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543033

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	2					
18	1					
19	1					
20	2					
21	2					
22	2					
23	2					
24	1					
25	1					
26	1					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	2					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	44	↓		↓		↓
TOTAL DEP.	64	↔		↔		↔
TOTAL CLAIMS	68	██████████		██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████		██████████		██████████